COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL040304 US

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention the specification of which (check only one item below): entitled: is attached hereto. was filed as United States application Serial No on and was amended on X was filed as PCT international application Number PCT/IB2005%050849 08 March 2005 and was amended under PCT Article 19 (if applicable). on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C.119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application of which priority is claimed. PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY DAY, MONTH, YEAR **CLAIMED UNDER** 35 USC 119 04101153.7 Europe 19 March 2004 YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office

(includ	Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHNL040304 US						
POW	ER OF ATTORNE	Y: As a named inventor, I hereb	y appoint the following attorney(s) and	l/or agent(s) to pros	secute this application and transact		
all bus	iness in the Patent a	and Trademark Office connected	therewith. (List name and registration	number)			
Jack	E. Haken, Reg.	No. 26 902		Direct Telephor	ne Calls to:		
	ael E. Marion, R			(name and tele)	elephone number)		
	rd M. Blocker, F			(914)332-02	22		
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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME		
		KASTELIJN	Aukje		Arianne Annette		
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		FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME		
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1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY		
		Prof. Holstlaan 6	5656 AA Eindhov		The Netherlands		
true: a	nd further that these	atements made herein of my own statements were made with the der section 1001 of Title 18 of the	knowledge are true and that all stater knowledge that willful false statements United states Code, and that such wil	ments made on info	ormation and belief are believed to be ade are punishable by fine or		
SIGNATURE OF INVENTOR-201 SIGNATURE OF IN			TURE OF INVENTOR 202	SIGNATU	RE OF INVENTOR 203		
)			
DATE DATE				DATE			
0.00	17 October 20						
<u> CIT ≥ NIA</u>	THE CHERNICAL	ID : IIII					

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

DATE

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Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telep (name and t (914)332-		ephone number)
	FULL NAME OF INVENTOR	FAMILY NAME PENNING		FIRST GIVEN NAME Frank		SECOND GIVEN NAME Cornelis
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	FULL NAME OF INVENTOR	FAMILY NAME KASTELIJN		FIRST GIVEN NAME Aukje		SECOND GIVEN NAME Arianne Annette
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME HENDRIKS		FIRST GIVEN NAME Bernardus		SECOND GIVEN NAME Hendrikus Wilhelmus
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
SIGNATURE OF INVENTOR 201		SIGNATURE	INVENTORO202	SIGNAT	SIGNATURE OF INVENTOR 203	
			DATE 19 Oct	tober 2005		
SIGNA	ATURE OF INVENT	OR 204				

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SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202		SIGNATI	SIGNATURE OF INVENTOR 203	
					al	aaakastelijn	
DATE			DATE			DATE 20 October 2005	
SIGNATURE OF INVENTOR 204					•		

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20 October 2005